

STANDARD CERTIFICATE OF DEATH

19873

FILED APR 17 1957

STATE FILE NUMBER

Registration District No. 362

Primary Registration District No. 6237

Registrar's No. 94

300

-57

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hickory Grove Twsp		c. CITY OR TOWN Warrenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. of Wright City		d. STREET ADDRESS 407 Steinhagen Rd	
3. NAME OF DECEASED (Type or print) First Edward Middle - Last Hueffmeier Sr.		4. DATE OF DEATH Month April Day 15 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (In years birthday) 69
11. BIRTHPLACE (City and state or country) Augusta, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hueffmeier		13b. MOTHER'S MAIDEN NAME Wilhelmina Welker	
14. NAME OF HUSBAND OR WIFE Meta Stevener		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-26-1225		17. INFORMANT Address 407 Steinhagen Mrs Edw. Hueffmeier, Warrenton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) (Verdict of Coroners Jury- Heart Condition) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH Sudden 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at about 5.00P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. H. H. Krueger (Coroner)		22b. ADDRESS Warrenton, Missouri	
22c. DATE SIGNED 4-16-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-57	
23c. NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran Ch		23d. LOCATION (City, town, or county) (State) New Melle, Mo	
24. FUNERAL DIRECTOR F.W. Nieburg & Co.		25. DATE RECD. BY LOCAL REG. 4-20-57	
26. REGISTRAR'S SIGNATURE Floyd Logan			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John J. Hueburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrington,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.